

# THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

L. P. YANDELL, M.D., and H. A. COTTELL, M.D.

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EDITED BY WILLIAM PERRY WATSON, A.M., M.D.

Physician for Diseases of Children to the Central Dispensary and Assistant to Christ Hospital, Jersey City, N. J.

FEBRUARY.

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II. CLINICAL LECTURES. INFANT FEEDING.—A Clinical Lecture delivered by JOHN M. KEATING, M.D., Visiting Obstetrician to Philadelphia Hospital. Reported by W. A. Edwards, M.D. CONGENITAL CLUB-FOOT.—Extracts from Clinical Lectures delivered by EDWARD BORCK, A.M., M.D., Professor of Surgery, College for Medical Practitioners, etc., St. Louis, Mo.

III. CLINICAL MEMORANDA. RETRO-ESOPHAGEAL ABSCESS; TRACHEOTOMY; DEATH FROM EXHAUSTION.—By JOHN H. KIRKLEY, M.D., Professor of Diseases of Children, New York Polyclinic. POISONING FROM CHLOROFORM TAKEN INTERNALLY.—By T. E. MCARDLE, A.M., M.D., Assistant Surgeon Children's Hospital, Washington, D. C. A full eighteen pages of interesting and practical translations and abstracts.

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THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, MARCH 1, 1884.

Original.

SOME INTERESTING CASES OF HEAD  
INJURIES.\*

BY W. O. ROBERTS, M.D.

*Professor of Surgical Pathology and Operative Surgery, in  
the Medical Department, University of  
Louisville.*

On January 2, 1884, at two o'clock A.M., I was telephoned to meet a freight train in the Louisville, Lexington & Cincinnati Short Line yard, the messenger informing me that a brakeman had fallen from the top of this train at Anchorage, and had received injuries which claimed my attention. I reached the depot at three o'clock A.M., and found the train, which had just arrived. I entered the caboose expecting to find the man, whom I saw lying upon a bench, badly injured, when to my surprise he got up and told me that with the exception of a few cuts about his head and some bruising of the chest, he was not hurt.

An examination revealed but one wound of any consequence; this was located near the center of the forehead, was about an inch in length, and, though it extended down to the bone, there was no evidence of fracture. There was also a small punctured wound situated just above the occipital protuberance. The face was scratched in several places. During the examination, the patient answered questions rationally, until asked where he lived, when he said "Wenzel and Jefferson." Upon hearing this answer his conductor said, "No, Jim, you are wrong, you live on Southall Street!" To which the patient replied with an air of ill humor, "Yes, that is where I live." I then asked him why he had said that he lived at Wenzel and Jefferson. He seemed to be irritated by the question, and answered: "I don't feel like a steamboat, any way."

The patient now left the caboose with me,

\*Reported at the Louisville Medico-Chirurgical Society.

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walking to where my coupe was in waiting, a distance of three squares. I had the coupe driven out on Southall Street, and stopping in front of what I thought to be his place, I asked him if that was his house, he answered, Yes. We got out of the coupe, and I knocked at the door. The patient then remarked that his folks were all asleep, and going round to a side door, where he was in the habit of entering his house, on returning home late at night, came in a few minutes with a lamp in his hand to the front door and let me in. On entering the house I asked him the time; he looked at his watch, and told me the hour correctly, as I saw by a glance at the timepiece. I then went with him into an adjoining room, where I found his mother and sister. I told the women of the young man's mishap; gave them some directions as to the management of the case and left.

At my visit the next morning I found his conductor and a fellow-brakeman at the house, from whom I learned the particulars of the accident and the peculiar behavior of my patient just after its occurrence. The man was comfortable and able to converse rationally; but, on questioning him closely as to his night's experience, I found to my surprise that he did not remember any thing that had happened after going on top of the car from which he had fallen.

I learned from the conductor that he had fallen from the car at Anchorage, but that he was not missed by the train-hands until the train had gone a mile beyond the station. Stopping the train, the conductor and a brakeman walked back to look for him. They found him walking down the track toward the train. He talked like a man in full possession of his senses, but was unable to tell how he happened to be left behind. On the way to Louisville in the caboose, they saw nothing wrong with him except that he was cross and irritable in temper.

His sister said that when he entered her

room the night before he asked her for a light. When told that the lamp was on the mantel and the matches on the window-sill, he found them both, and lighting the lamp went immediately to the front door where I was in waiting.

Surprised at these statements, I questioned the man still further relative to his experiences during the night, when he assured me that all he could recollect was, that when the engineer blew for brakes he went on top of the box-car to put them on. From that time until late the following morning his existence had been a blank, and he was quite as much surprised on hearing of his actions of the previous night as were his friends on finding that he did not remember them.

When I asked him how he came to direct me to Jefferson Street instead of Southall, he could make no explanation, but his sister informed me that up to a year ago they had lived near the corner of Jefferson and Wenzel.

This case is a striking illustration of the effect of shock upon the memory, as regards events occurring at the time of and immediately following the injury. This fact is of especial importance from a medico-legal point of view. Several cases of this kind were reported by the late Prof. R. O. Cowling in the American Practitioner, April, 1876, and Mr. Savory calls attention to the phenomenon in a recent article published in the British Medical Journal.

My patient made a complete recovery.

CASE II. On January 7, 1882, I was called in consultation with Dr. Durrett, of Jefferson County, to see John Phillips. The patient at this time showed symptoms of compression, which were the result of a blow upon the head, received some months before. The history of the case, as furnished by Dr. Durrett, is as follows:

On November 7, 1882, the patient was struck by a stone which cut the scalp at a point near the junction of the parietal with the occipital bone of the left side. For the space of four days after the injury he showed no untoward symptom; but after this he grew feverish, and complained of pain in the head. A physician was called, who, not being informed of the injury, told the patient that he was about to develop typhoid fever, and treated him accordingly.

On the eighth day Dr. Durrett saw him for the first time, and diagnosed inflammation of the brain. On the tenth day the patient had a violent convulsion, which was followed by partial paralysis of the right

side of the body; but these symptoms disappeared within a week's time, and the doctor discontinued his visits.

On the 18th Dr. D. was again summoned, and found well-marked head symptoms. The patient had on that day a slight convolution, which was followed by paralysis of the right side, and dilatation of the left pupil. During the eight days in which he was without medical attention, the patient complained of pain in the head, which followed immediately upon any exertion. From the last named date, the head symptoms and paralysis grew steadily worse until, a few days before my visit, the patient passed his water in the bed. During this time his bowels had been so constipated that powerful cathartics assisted by enemas were necessary to produce an action.

At the date of my visit his condition was as follows: Pulse 70; temperature normal; left pupil greatly dilated and fixed; right side gave evidence of paralysis; the muscles, however, responded when the skin was severely pinched; but in no other case did the patient use the limbs of this side. He could use the left side, and continually tossed the left hand up to his head.

An examination of the seat of the wound revealed a thin cicatrix, which gave evidence of fluid beneath. This I punctured with a probe, when a quantity of pus escaped, and roughness of the bone could be detected by the probe. At this juncture I suggested an exploratory incision, to be followed by trephining if the condition of the case should warrant it. Dr. Durrett agreeing to this procedure, on the following morning, assisted by this gentleman and Dr. Skinner, I dissected up a flap and laid the bone bare. This showed that the fracture extended through the outer table of the skull only, and the fragment of bone being loose, it was removed. There was no sign of fracture of the internal table, nor evidence of pus between this and the dura mater the circulation in the bone being perfect. We therefore decided not to use the trephine.

From this time on the symptoms grew steadily worse, and the patient died comatose three days afterward. A post-mortem examination revealed no lesion in the immediate neighborhood of the injury, but an abscess about the size of a hen's egg was found in the lower portion of the left anterior cerebral lobe, which was evidently due to a lesion made by the counter-stroke of the blow, and which demonstrated the wisdom of withholding the trephine.

CASE III. A girl, seventeen years of age, a few months since fell down a flight of stairs. The head struck the floor with considerable force, but the patient did not lose consciousness. Complaining of great pain in her head, she was carried to her room and put to bed. In a half hour after the accident the patient became totally blind. The pupils were largely dilated, the lids were wide open and the eyes staring. Dr. W. Cheatham examined the eyes, but found no evidence of injury to the globe itself. The pain was located chiefly in the back part of the head. Thirty grains of potassium bromide were now prescribed, and the patient had a sleep which lasted three hours. On awaking her vision was restored. This symptom, if not hysterical, was probably the result of concussion of the posterior cerebral lobes. I was at first fearful of hemorrhage, because of the absence of shock, and the length of time intervening between the moment of the injury and the development of the blindness; but no symptom pointing to this condition presented itself, and the patient had no further trouble.

LOUISVILLE, KY.

## Miscellany.

### UNIVERSITY OF LOUISVILLE.

The Commencement exercises of the Medical Department of the University of Louisville were held on Thursday afternoon, at 2:30 o'clock, in the Opera House.

The young doctors received their honors with dignity and grace, the addresses were able and entertaining, and the large and brilliant audience was attentive and appreciative.

#### PROGRAMME.

"Twilight," Pieske.

"Martha," Flotow.

Prayer by Rev. L. P. Tschiffely.

Presentation of Candidates by the Dean, and the Conferring of Diplomas by the Hon. Isaac Caldwell, President of the Board of Trustees.

Waltz, Strauss.

Announcement and award of prizes by the President.

Cornet Solo, Hoch.

Class Valedictory, Edgar T. Cook, *M.D.*, of Tex. Selection, "Iolanthe," Sullivan.

Faculty Valedictory, by Prof. John A. Octerlony, A.M., M.D.

Galop, Strauss.

Alumni Address, by H. K. Pusey, M.D.

Benediction.

"Home, Sweet Home."

#### LIST OF GRADUATES.

Agnew, Robert C., Kentucky.  
 Allen, Thomas P., Kentucky.  
 Branch, William G., Louisiana.  
 Baird, John W., Kentucky.  
 Barnett, Thomas L., Texas.  
 Barnes, William L., Michigan.  
 Butler, Henry T., Tennessee.  
 Book, Hampton D., Kentucky.  
 Baucum, James B., Tennessee.  
 Barlow, John R., Texas.  
 Baldwin, Samuel C., Kentucky.  
 Comly, John B., Illinois.  
 Cook, Edgar T., Texas.  
 Canton, Enrique, Nicaragua.  
 Crawford, Charles N., Kentucky.  
 Crume, Thomas M., Kentucky.  
 Crawley, Vincent C., Texas.  
 De Armond, Christopher C., Tennessee.  
 Davis, William K., Missouri.  
 Fisher, Simeon K., Kentucky.  
 Gibson, William H., Arkansas.  
 Green, J. Holt, *M.D.*, Kentucky.  
 Green, Sidney J., Kentucky.  
 Gaddie, David W., Kentucky.  
 Herndon, Benjamin F., Kentucky.  
 Hoye, Henry D., Missouri.  
 Hansford, William G., Kentucky.  
 Hume, Waverly M., Kentucky.  
 Hawthorne, Jacob, jr., Kentucky.  
 Haynes, Pugh, Tennessee.  
 Henrickson, A. M. D., Tennessee.  
 Johnson, Walter S., Tennessee.  
 Johnson, Richard C., Kentucky.  
 Johnson, Benjamin F., Texas.  
 Johnson, James L., Kentucky.  
 King, Samuel F., Texas.  
 Keller, Mitchell S., Texas.  
 Leatherman, John R., Indiana.  
 Luse, Frank V., Kentucky.  
 Littlejohn, Samuel F. W., Texas.  
 Marshall, U. Ewing, Kentucky.  
 Miller, Kinney N., Texas.  
 Moore, William, Kentucky.  
 Moore, Stephen A. D., Texas.  
 Maxwell, Benjamin R., Arkansas.  
 Meacham, John W., Tennessee.  
 Moore, William G., Kentucky.  
 McGaughy, Andrew J., Indiana.  
 McGaughy, Emmett, Arkansas.  
 McWilliams, James B., Georgia.  
 McMullen, Samuel D., Louisiana.  
 Nichols, Thomas B., jr., Kentucky.  
 Perrine, Benjamin J., Indiana.  
 Pusey, Charles M., Kentucky.  
 Prichard, Charles C., Louisiana.  
 Pennington, William E., Texas.  
 Poindexter, John M., Indiana.  
 Purdy, William, Indiana.  
 Parks, Seth P., Kentucky.  
 Porter, Arthur R., Arkansas.  
 Runyon, Frank J., Kentucky.  
 Redding, Salem M., Kentucky.  
 Rogers, Joseph M., Indiana.  
 Robertson, Charles R., Kentucky.  
 Rush, Andrew J., Tennessee.  
 Spurlock, George L., Texas.  
 Smith, Wesley A., Georgia.  
 Smith, Samuel E., Indiana.  
 Stovall, Richard F., Texas.  
 Smith, Walter K., Kentucky.

Sasser, John D., jr., Tennessee.  
 Stucky, Fredrick V., Indiana.  
 Sanders, Hugh B., Kentucky.  
 Stewart, Josephus P., Kansas.  
 Sharp, James B., *M.D.*, Tennessee.  
 Teasdale, Charles H., Mississippi.  
 Tate, Wistar A., Texas.  
 Watkins, Samuel S., Kentucky.  
 Williams, Richard C., Kentucky.  
 Wolff, Jacob, Wisconsin.  
 Williams, B. Dudley, Alabama.  
 Williams, Harvey P., Tennessee.  
 Wedding, Thomas G., Kentucky.  
 Yeakley, George W., Texas.

## AWARDS OF HONORS AND PRIZES.

The President announced the awards made by the Faculty, as follows:

Charles M. Pusey, *M.D.*, of Kentucky.  
 John M. Poindexter, *M.D.*, of Indiana.  
 Kinney N. Miller, *M.D.*, of Texas.  
 Frank J. Runyon, *M.D.*, of Kentucky.  
 William G. Branch, *M.D.*, of Louisiana.  
 Samuel F. King, *M.D.*, of Texas.  
 U. Ewing Marshall, *M.D.*, of Kentucky.  
 John W. Meacham, *M.D.*, of Tennessee.  
 Richard F. Stovall, *M.D.*, of Texas.  
 Andrew J. Rush, *M.D.*, of Texas.

Each of the above named gentlemen received a certificate of honor.

The Yandell gold medal, named in honor of the late Dr. L. P. Yandell, sr., was awarded for the best class-standing, to Charles M. Pusey, *M.D.*, of Kentucky. The second gold medal, for second place in class-standing, was awarded to John M. Poindexter, *M.D.*, of Indiana, and the third to Kinney N. Miller, *M.D.*, of Texas.

## THE UNDERGRADUATES' CONTEST.

To John P. Bell, of Kentucky, was awarded the first prize, a Gross pocket-case of instruments, offered by Arthur Peter & Co.

To Edward A. Stevens, of Kentucky, was awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co.

To Lewis M. Woodson, of Tennessee, was awarded the third prize, a pocket-case of instruments, offered by Adolph Fischer.

A POETICAL SUICIDE.—A German convict in Chicago committed suicide recently, and before doing so left a commemorative rhyme, which runs as follows:

"Here's a recipe for a popular suicide:  
 Take twenty grains of potassium cyanide."

A fellow convict a few days later took the recipe, which was distributed freely among the prisoners. We can not deny that it is a good one.—*Medical Record.*

THE BRITISH MEDICAL ASSOCIATION.—The fifty second annual meeting of the Association will be held on July 29, 30, and 31, and August 1, 1884, at Belfast, under the presidency of James Cuming, *M.A.*, *M.D.*, *F.K.Q.C.P.I.*, Professor of Medicine, Queen's College, Belfast.

The address in Medicine will be delivered by Sir Andrew Clark, *Bart.*, *M.D.*, *F.R.C.P.*, Physician and Lecturer on Clinical Medicine, London Hospital.

The address in Obstetric Medicine will be delivered by George H. Kidd, *M.D.*, *F.R.C.S.I.*, Master of the Coombe Lying-in Hospital, Dublin.

The address in physiology will be delivered by Peter Redfern, *M.D.*, *F.R.C.S.E.*, Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting can travel by any of the following routes: A "Cunard" steamer will leave New York on Wednesday, July 16th, arriving in Queenstown about the following Thursday week, July 24th; Boston, on Saturday, July 19th, reaching Queenstown the following Monday week, July 28th. A "White Star" steamer will leave New York on Saturday, July 12th, and on Saturday, July 19th; due at Queenstown about July 20th and July 27th. An "Inman" steamer will leave New York on Tuesday, July 15th; due at Queenstown about July 23d. An "Allan" steamer will leave Quebec on Saturday, July 19th, arriving in Londonderry about the 26th or 28th July. An "Anchor" steamer will leave New York on Saturday, July 19th; due at Londonderry on July 29th. Londonderry is 95 miles from Belfast, and trains run daily between the two places. The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin (one hundred and sixty-five miles by train), and Dublin to Belfast (one hundred and thirteen miles).

Communications in reference to the meeting of the British Medical Association at Belfast, to be addressed to the Hon. Local Secretaries, John Moore, *M.D.*, Alex. Dempsey, *M.D.*; John W. Byers, *M.A.*, *M.D.*

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.—The time of the meeting of the British Medical Association at Belfast has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on 10th August. A steamer will leave Hull (England) on August 2d and 9th for Co-

penhagen; and on August 5th a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast will have ample time to travel to Copenhagen for the Congress.

**CARL VON HECKER.**—In commenting on the life and habits of this remarkable physician (who died in December, 1882), the *Lancet* says: As in medicine he was many-sided, always seeking for analogies throughout the range of its branches, and in no sense a specialist, though chiefly devoting himself to obstetrics, so also he embraced more than medicine and more than science in his sympathies. Like so many of the busiest of his profession, he could not live without a second life outside his daily calling, but depended for his refreshment on music, to which he was devoted, and which, no doubt, helped to brace him for many a precise and laborious investigation. He died of apoplexy, having suffered almost constantly from pain down the left arm for three years, together with considerable impairment of health; but he died in harness. It is doubtful how far our English system of prolonged juniority until advanced middle age (when enterprise is apt to be diverted from investigation toward the pursuit of wealth) is productive of good results. In Germany they do these things differently, and Von Hecker can hardly be quoted as an instance in favor of keeping a young man back. Appointed at thirty-one to a post of the greatest importance, his opportunities were all too little for his eagerness. In England most of the best work is done by men still young, while very few indeed continue to do scientific work when they cease to be young. To those who do so continue when their name is already made, all honor is given. Most, however, act like the poet's horse, who *senio confectu' quiescit*.

**ALCOHOL FOR STUDENTS.**—Dr. Clouston, in a recent address to the students of the Edinburgh University, said: "I think that a student will have little reason to blame himself who totally abstains from alcohol during his period of study. You will all admit that a man who does so avoids certain manifest risks; most of you will admit that he will do more work; you will all admit that he

does not lose very much of the best kind of social enjoyment during his period of study; you will all admit that after his studies are over, and when he has developed into full manhood, he will be likely to enjoy it all the better, as well as more safely, if he takes to the moderate use of alcohol. After that some of the risks are over. And if he should remain a total abstainer all his life, it may not be the worst thing he can do. I am not here suggesting to you what I did not practice myself, for during four years of my studies I was a total abstainer, and it was a course I never have had any reason to regret."

Students should lay this address to heart. The present writer, by no means a partisan of the teetotal craze, was, like Dr. Clouston, an abstainer during his student life, not professedly, but as a matter of physiological expediency, and not only does he not regret it, but he is convinced that he succeeded far better without alcohol than he would have done with it.—*Lancet*.

**LEUCOCYTHEMIA.**—The following post-mortem appearances in child of five years, dead of leucocytæmia, are described in the *Lancet* by Dr. Wadham: All the internal organs had petechiae on their surface, the surface of the body being free. The lungs were pale, but otherwise normal. The auricles and ventricles of the heart contained pale, red, soft clots; the muscular substance was of an opaque white color and abnormally friable. The mesenteric glands were all enlarged to the size of small walnuts. The liver, pale but not soft, weighed one pound ten ounces, and on section its surface was found studded with minute, opaque, yellowish-white material; a few small infarcts were present. The spleen (five ounces) contained infarcts of a yellowish color. The kidneys were very pale, but otherwise healthy. The brain, which weighed forty-two ounces, showed nothing abnormal. There were numerous small ecchymoses in the retina of the one eye that was examined.

**ENLARGEMENT OF THE BURSA PATELLÆ IN CLERGYMEN.**—I notice a letter from Dr. Wherry, of Cambridge, expressing his surprise that cases of "housemaid's knee" should occur among the clergy. For the last few years I have been attending the members of the French Jesuit College here and I have found affections of the bursa patellæ by no means uncommon; these vary in severity from a simple corn-like harden-

ing of the skin covering the patella to the most acute inflammation of the bursa ending in suppuration. Evaporating lotions are often very serviceable in reducing the inflammation, but of course incision frequently becomes necessary, and in some cases large quantities of pus are discharged. Recovery is generally rapid and complete, but occasionally a low chronic state of inflammation in the joint has supervened and has been very troublesome. Complete rest with the application of belladonna plaster, followed by painting with tincture of iodine, have always been successful in producing an ultimate cure. There are about one hundred members of the college, the majority of these being students varying from eighteen to twenty-two years of age, and the average number of cases of affections of the bursa patellæ has been about five per annum.—*F. H. V. Grosholz, M.K.Q.C.P.I., Lancet.*

“CHILDREN’S PARTIES IN WINTER.”—It may seem ungracious to strive to put a limit on the pleasures of the young, but it must not be forgotten that early youth is the period of growth and development, and that any thing and every thing that causes special waste of organized material without a compensatory stimulus to nutrition ought to be avoided. Dr. Cullimore has dealt with the general effects on health, and he has not exaggerated the evils that sometimes ensue, and are always likely to be entailed by this form of juvenile amusement. We turn from these to the mental and nerve injuries inflicted on the growing organism. They are certainly not to be disregarded. A perfect storm of excitement rages in the little brain from the moment the invitation has been received, and the affair is talked about in the nursery until after the evening. Sleep is disturbed by dreams, or, in some cases, prevented by thinking of the occasion, and afterward the excitement does not subside until days have elapsed, perhaps not before another invitation is received. Not only in winter, but at all seasons, we think the amusements of young children ought to be simple, unexciting, and as free as possible from the characteristics of the “pleasures” of later years. As a matter of fact, “children’s parties” are in no way necessary to the happiness of child life.—*Lancet.*

STONE IN THE BLADDER OF A FEMALE.—Mr. T. Pickering Pick (West London Medico-Chirurgical Society), said: Seven years ago the patient was admitted into one of

the London hospitals suffering from symptoms of stone in the bladder. An operation was performed for removal of the stone, and ever since she had suffered from incontinence of urine. Several plastic operations had been performed for the cure of the incontinence, but without success. Two years ago an opening had formed between the rectum and vagina, and ever since the feces had passed from the one tube to the other. When she came under Mr. Pick’s care he found that the whole of the posterior wall of the bladder had been destroyed, as well as the under surface of the urethra. There was also an opening the size of a goose-quill between rectum and vagina. As there appeared to be no probability of closing the vesico-vaginal fistula, Mr. Pick occluded the vagina by removing a circular belt of mucous membrane from just within the orifice and bringing the rawed surfaces together with quilled sutures. The operation was attended with marked success, the patient passing her water by the rectum, and being able to retain it “as long as she liked.” Mr. Pick then remarked how unadvisable it was to use gradual dilatation, or, as proposed by some, to slit up the urethra, in that these methods usually resulted in incontinence. The rule, he thought, should always be to dilate rapidly for stones not larger than a fibert, while for stones of a larger size lithotomy is preferable to lithotomy.—*Medical Press.*

A LIVING CHILD AFTER CRANIOTOMY.—At the meeting of the Royal Society of Physicians, of Berlin, of the 18th inst., Dr. Breus exhibited a living child eighteen days old on whom craniotomy had been performed. The conjugate diameter of the mother was nine centimeters ( $3\frac{1}{2}$  in.). On extraction by the forceps the left frontal bone was fractured during its passage over the promontory. The child, born asphyxiated, quickly recovered, without any paralysis and without pyrexia. The mother also made a good recovery.—*Medical Press.*

HOT-WATER INJECTIONS TO ARREST UTERINE HEMORRHAGE.—Dr. F. S. Sellew reports in the Record a case of menorrhagia which, having previously resisted the usual remedies, yielded to hot water. He says: “In January, 1884, I was called; found her bleeding profusely. She had been unwell for a week, growing worse from day to day. As before, the usual remedies made no impression upon the flow of blood. I then di-

rected that a large enema of hot water be given and retained as long as possible. The bleeding stopped at once and did not return until the following day, when, after a sudden fright, it recommenced. The enema was again given, and repeated in about twenty minutes, after which the bleeding stopped and has not returned."

**THE INSPECTION OF EXPORTED PORK.**—A rumor having been received by telegraph to the effect that the French Government is now willing to admit American hog products, on condition that they pass an examination to be made at its own expense, it is said that some gentlemen who assume to speak for the pork trade regard this proposal as unsatisfactory, provided it means a microscopical examination. It seems to us foolish for this objection to be raised, and we trust that it will not be brought forward authoritatively, for it is neither founded in fairness nor calculated to convince foreign nations of our faith in our own position. We must not rest on the fact that trichinous pork is harmless when properly cured or cooked; we must exterminate trichiniasis in our hogs.—*New York Medical Journal.*

**DEATH FROM MORPHIA-POISONING.**—Dr. W. O. Deacon, medical officer of Richill Dispensary in Ireland (*Lancet*), who had contracted the habit of using morphia hypodermically, applied to an assistant at the medical hall for some morphia, who made him up a solution containing three grains of the drug, which Dr. Deacon refused to take, as he said that he had been in the habit of injecting ten grains twice a day for the last four years. He then made a solution himself, containing five grains, injected it, and died about two hours afterward. A verdict was returned that deceased had died of heart disease, accelerated by an injection of morphia, not taken with the intention of causing death.

**AN INFANT THAT SECRETES MILK.**—Dr. Lesnewich reports, in the *Paris Medical*, the case of a male infant, aged ten months, that secretes milk in considerable amount. The infant has, for its size, well-developed mammary glands.

**DIPHTHERIA** is again very prevalent in Berlin, sixty-three deaths from this zymotic alone having occurred there last week, which is nearly double the number recorded in the whole of the United Kingdom.

DR. B. W. RICHARDSON, F.R.S., is engaged on a new work—the first number reached us as we were going to press—"The Asclepiad," which he intends issuing in quarterly installments at 2s. 6d. It will be devoted exclusively to original research and observation in the science and literature of medicine.—*The Medical Press.*

**THE FOOT AND MOUTH DISEASE** was said last week to be prevailing among the cattle at the quarantine station at Deering, Me., and to have been communicated to cattle in Deering and in the neighboring town of Falmouth. The report has been denied, but it has given rise to much alarm in the vicinity.—*New York Medical Journal.*

**POISONING BY WILD PARSNIP.**—A case of poisoning from eating wild parsnip occurred in Danville, Pa., on Friday of last week, when two children died after having eaten the plant. A third child who tasted it was made very sick. In the two fatal cases convulsions occurred, preceded by violent pain. *Ibid.*

**GLANDERS IN CHICAGO.**—It is reported that the State Veterinarian discovered two cases of glanders last week in a large stable where a number of horses and mules were kept. The infected animals were ordered shot, and a rigid quarantine was established to prevent the spread of the disease if possible.—*Ibid.*

**COUNTERFEIT TARTAR EMETIC.**—The *Progress Medical* states that certain German chemists have put on the market a salt purporting to be tartar emetic, but really consisting of an oxalate of potassium and antimony, and warns its readers of the dangers of using such a salt.—*Ibid.*

**THE deaf-mute subscription swindler** is still abroad in the land. Last summer we warned our readers against the silent fascinations of this gentleman.

**JOHN HUTTON BALFOUR, M.D., F.R.S.**, of Edinburgh, died recently, at the age of seventy-five. He was Dean of the Medical Faculty of the University of Edinburgh.

**THE Philadelphia Medical News** says that during the past year fifty-five new medical journals have appeared and fifteen have died.

## The Louisville Medical News.

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L. P. YANDELL, M.D., . . . . . } Editors.  
H. A. COTTELL, M.D., . . . . . }

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### THE CONTAGIOUSNESS OF PHthisis.

In the British Medical Journal of February 2d, Dr. Frank Ogston gives a clinical observation which would seem to strengthen the theory that pulmonary consumption may spread by contagion.

The observation was made in a family of Aberdeen, which consisted of father and mother, both in good health, aged respectively fifty-seven and fifty-five years, two daughters and six sons. The children, whose ages ranged between thirty-one and twelve years, had all been strong and healthy, with no apparent tendency to disease, nor could any history of consumption be traced back through previous generations, the forefathers of both parents having been noted for good health and long life.

About three years ago a married son, who had been living in Glasgow, came home in bad health. A diagnosis of pulmonary consumption was made by the family physician. The disease ran a rapid course, proving fatal in two months. During his illness this young man was nursed by his two sisters (aged twenty-one and eighteen), and for the first four weeks slept in the same bed with a younger brother, a boy of fourteen, who, when the

patient came to require more constant attention from his sisters, was sent to sleep in another room.

In July, 1882 (the exact date of the brother's arrival being unfortunately omitted), the younger sister showed undoubted signs of phthisis — consolidation of the apices of both lungs, the left beginning to break down (morning temperature of 100° Fahr.), and a paroxysmal cough. Rapidly following these manifestations was the formation of large cavities, and abundant sputum, which swarmed with bacilli. In November the patient died of hemoptysis.

During this same summer the elder sister and the boy developed the disease, which ran a typical course in both cases, and proved fatal in a few months. Four sons of this family are still living, and in exceptionally good health.

In conclusion the author says: "Here, then, we have a man suffering from consumption brought into a healthy household, infecting first a healthy brother, who slept with him, and then his sisters who nursed him; while his four remaining brothers, who came little into contact with him, escaped. The presumption of contagion seems strong."

The above instance, though obscure as to the time which the disease required for development in the sisters and younger brother, is certainly interesting, and, in view of recent investigations bearing upon the nature and etiology of tuberculosis, must be allowed some weight. So far as we have seen, it approaches more nearly the point of clinical evidence in favor of tuberculous contagion than any observation so far reported.

We recall in our own experience an apparent introduction of phthisis into a previously healthy family, and though by no means as flawless as the above, it may be worth while to give it a place beside Dr. Ogston's observation.

About twelve years ago we had among our acquaintances a family which consisted of a father and ten children—three sons.

and seven daughters. At this time the father and five daughters lived at their homestead, in the town of C., Ky. The three sons and two of the daughters were married, and living, two of them, in C. (a son and daughter), but away from the father's house; the others in distant cities.

About nine years ago the eldest of the unmarried daughters paid a visit to a married sister residing in Louisville. The husband of this lady at this time was suffering from a well-marked case of phthisis, from which he subsequently died. The young lady spent several months with her sister, and on going home rapidly developed the disease, which proved fatal in less than six months. She was nursed constantly during her illness by three of her sisters, who one after the other developed the disease, till in less than three years they had all passed away.

The father did business in a neighboring city, and consequently spent but little time with the children. He and the youngest sister (a school-girl) escaped. When last heard from, nearly two years since, no other member of the family had phthisis.

The father was at this time a hale old man of about seventy years. The mother, a large full-favored woman, had died some thirteen or fifteen years before of an acute disease, which was positively non-tuberculous. No case of consumption in the ancestors so far as known could be traced, though it was admitted that an aunt on the maternal side had died of the disease. This would seem to savor of contagion; but it must be admitted in evidence against the point, that the widowed sister returned to her father's house in about a year after the death of her husband, and that, although she nursed three of the sisters, while the disease ran its course with them, she had not, up to the time above named, shown any sign of phthisis.

The importance of a careful record of all such instances as those above noted must be conceded, since it is only by the bringing together of a great number of carefully

conducted clinical observations, that the force of the recent investigations in phthisis can be estimated. The inoculability of tubercle in the lower animals and the reproduction of the disease in this way, after any number of cultivations of the infecting germ, is proved beyond a doubt.

It is therefore no more than logical to infer that many cases of phthisis in man may be due to the passage of the virus into the circulation through the pulmonary mucous membrane by means of the inspired air. If this be true the management of tuberculous patients becomes one of the great hygienic questions of the day, and it is not unreasonable to hope that by rigid cleanliness, ventilation, destruction of the sputum, and such isolation of the patient as is compatible with humanity and common sense, we may be able to limit to a marked degree the spread of the most widely prevalent and fatal of all diseases.

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WE copied in December a note from the Lancet to the effect that Martineau had been able to inoculate a monkey with syphilis, obtaining first a hard chancre, later specific skin lesions, and after ten months, a syphilitic ulcer on the soft palate.

The article has attracted much serious attention, since, prior to this, all attempts to reproduce the disease in brutes had failed. It is believed that this experiment will unsettle some of the existing theories respecting the natural history and origin of syphilis.

While this is perhaps true, it is possible that it may serve to strengthen certain theories respecting the natural history and origin of man, and it would, therefore be interesting to know whether the animal practiced upon was a common monkey or an anthropomorphous ape. Huxley has shown that the gorilla in his anatomical structure tallies with man in almost every particular, and if evolution be true, it would not be surprising if this chief of the monkeys should be found to be one with the lord of creation in his pathological susceptibilities.

## Correspondence.

My Dear Doctor L. P. Yandell:

Your esteemed letter of December 30th, ult., has been duly received. Although exceedingly busy to-day, I will devote a few lines to answer your different questions.

First of all, with regard to yellow fever. Having lived these last three years in Panama, U. S. Columbia, and having occupied there the position of Vice-President of the Board of Health, I have been able to see and treat many cases of this terrible disease. Panama is not so unhealthy as Colon (Aspinwall), but it is far from being a health resort, as M. de Lesseps would have us believe. After using all the remedies recommended by our best authors for yellow fever, I have come to the conclusion that carbolic acid in combination with quinia (as in the following formula) gives the best chance to the patient:

R Acid. carbolic, cryst., . . . . . gr. iiij;  
Extract. quiniæ, . . . . . gr. xx.

M. et ft. pil. No. vj. S: One pill every three or four hours.

Some years ago a medical friend of mine used carbolic acid with success in a very bad case of yellow fever, where the urine was so much loaded with albumen that I would have called it urinous albumen instead of albuminous urine; it was one of the worst cases I have ever seen. Encouraged with his success, I used it afterward in several other cases, but relied also on diaphoretics, and had the precaution at the beginning to keep my patient's bowels opened with ol. ricini. This latter is the cathartic they generally prefer in such cases in Cuba and on the Pacific coast. I must add that in Panama we made the remark, carbolic acid in pills gave much better results than when used in solution. I do not pretend that carbolic acid is a specific for yellow fever. We all know that there are cases which must die, whatever the treatment may be, while others will get well without any treatment at all; but as I have had and seen many cases of this terrible disease, I have found that the above treatment gives, as I have said, the best chance to the patient; this, at least, is my humble opinion.

As to guinea-worm in this island, I have never seen, nor have any of my colleagues, a single case of this parasite. I read in Aitken's Practice of Medicine, vol. 1. p. 163: "The Filaria Medinensis is unknown in America, unless the person in whom it

exists has been in places where the *dracunculus* is endemic. The only exception is the island of Curacao. It is sometimes so extensively disseminated that it has been said to prevail after manner of an epidemic." *So is history written!*

Do you know, my dear Doctor, why such an erroneous statement could have found a place in a book like Aitken's Practice? According to tradition, guinea-worm was prevalent in Curacao more than a century ago, but after that period it has not been known in this country. It is supposed that it was imported by negroes brought from Africa. The last slave-ship came here in 1778, and after that the disease never made its appearance. I am at a loss, however, to understand why it is that the disease has never been known to exist in Cuba and other West India islands, where immense quantities of slaves were introduced until recently. It may be that the slaves imported here a century ago were, *par hasard*, from a place where guinea-worm is endemic.

True and false leprosy, or, better, *Elephantiasis Graecorum* and *Arabum*, are unhappily known here, but not so prevalent as in the other West India islands. Both chaulmoogra and gurjun oil have been used with negative results. I must acknowledge, however, that I have lately used in Panama the first-named remedy with pretty good results. The patient improved rapidly, but, as it very often happens with us, he gave up all treatment as soon as he found himself better.

Believe me, my dear sir, yours sincerely,

A. A. NOUEL, M.D.

CURACAO, W. I., Feb. 12, 1884.

SPONTANEOUS Cow-Pox.—A case is reported from Cérons, in the department of the Gironde. Two heifers were inoculated with the matter from which several children were vaccinated. According to Prof. Layet the eruption of spontaneous cow-pox does not present the classical characters described in books. The pustules are not umbilicated or cup-shaped. Umbilication is the character essential to the eruption when transmitted.—*Lancet.*

A WRITER in *Hygiene Pratique* states that boots and shoes may be rendered waterproof by soaking them for some hours in thick soap-water. The compound forms a fatty acid within the leather.

## Selections.

**DEFECTIVE LACTATION.**—Dr. T. M. Dolan thus concludes an able paper in the British Medical Journal: It will be asked, is lactation equally defective among the higher classes? Are they equally unable to suckle their children? Are they ignorant on the great subject of hygiene? Do their children suffer from the manifold evils which affect the lower strata of society? Setting aside the large number who will not leave the luxury of their lives, fashionable amusements, etc., to perform that duty which every conscientious mother should fulfill, there is also a larger class who are not able to produce milk. This no doubt arises from a certain high pressure under which they live, from a highly artificial mode of life, the product of modern civilization. Their diet is not conducive to produce healthy blood, and we find anemia, hysteria, nervous disorders, insanity, as a result; so that not only are they unable to reproduce healthy structure for the waste going on in their own bodies, but they are still more unable to furnish a supplemented wane of nutrition required by the demands of menstruation, conception, pregnancy, and lactation. Every London physician can pick from his notebook numerous cases of young ladies, who have no useful occupation or amusements, whose bodily health and moral nature are perverted by the atmosphere in which they live, and whose delicacy is systematically fostered by their own mothers; and who thus become totally unfit for the position of mothers. Every accoucheur can tell us of the infants produced, of the care which has to be bestowed to rear them; so that physical education must not be confined to the lower classes.

Amidst the highest and the lowest strata there is a medium, the great middle class. It is among this class I find the best mothers and the least amount of degeneracy. This stratum is, no doubt, the back-bone of the country, from which is produced both the physical and intellectual material from which our great men are derived. The homely life, the domestic virtues, of this class are great factors in a nation's welfare.

In accordance with the wise ordinances of nature, the female has been endowed with highly complex organs for the reproduction and nourishment of our race. Woman's mission, if special organs be any guide, must ever be regarded in its associa-

tion with motherhood, as purpose seems thereby fulfilled.

For the complete accomplishment of maternity important physiological changes, evolutional and nutritive, have to be undergone. Facts demonstrate that the forces tending to reproduction are weakened, that the reserve or supplemental materials from which the forces are drawn are not sufficient to meet the drain produced by pregnancy and lactation; or, in other words, that our feminine stock is not improving. Heredity steps in, and perpetuates or intensifies the evil, so that dangers to the race, affecting every stratum of it, are to be apprehended.

To be forewarned is to be forearmed; to recognize an evil is the first step to its removal. These observations will not be in vain if they lead to further discussion and ventilation of the great questions which, I believe, underlie the subject of suppressed or defective lactation in the women of our generation.

**THE TREATMENT OF PUERPERAL SEPTICEMIA BY THE INTRA-UTERINE EMPLOYMENT OF IODOFORM.**—Dr. William Gardner, in the Canada Medical and Surgical Journal, writes as follows: Iodoform, so valuable in the treatment of wounds, appears from recent experiments and experience to be equally valuable in the after-treatment of the puerperium. Dr. T. J. Alloway, of this city, published, in the number of this journal for April last, the abstract of a paper read at a meeting of the Montreal Medico-Chirurgical Society a short time previous. For details I must refer our readers to the paper, and will merely say that Dr. Alloway's method of employment of the drug is in the form of suppository made with cocoa by pressure, and that they are introduced within the uterus by a stilette sponge-tent introducer, Sims's speculum being used to expose the cervix uteri. Three cases successfully treated in this way are related. The temperature charts appended appear to indicate a very speedy result from the treatment. In the last number of the *Archiv fur Gynakologie*, appearing two or three months ago, is a paper, by Ehrendorfer, assistant at Professor Spath's clinic, in Vienna, on the same subject. The writer does not seem to be aware of what has been done in this treatment on this side of the water; at all events he makes no mention of the matter. His experiments were begun in November, 1881. He employs gum arabic, starch, and glycerine as the excip-

ients for making the suppositories, and finds that the result is a more soluble suppository than one made of cocoa butter. The following is the formula: Iodoform powder, 20 grams; gum arabic, starch, and glycerine, each 2 grams. Make into three suppositories of the length of about five or six centimeters. The suppositories are passed into the uterus by means of a forceps. Abstracts of the history of twenty-seven cases thus treated are appended. They were all complicated cases, cases in which experience shows the danger of septicemia developing to be very great. Among them may be instanced forceps and version cases, craniotomy, decapitation, decomposing fetus, adherent placenta, retention of secundines after abortion, producing septic endometritis, etc. Of the twenty-seven cases three died. One of these was a case of placenta retained for many hours before its forcible removal under chloroform. The second was a face presentation with prolapse of the umbilical cord, a rupture of the cervix extending, as the autopsy proved, into the peritoneal cavity and leading to suppuration. The third was delivered by craniotomy. It was a difficult operation, and led to several fissures and rents of cervix and vagina. Death occurred nearly six weeks afterward. At the autopsy suppuration of the vagina and necrosis of the symphysis pubis and right sacro-iliac synchondrosis were found.

Both writers allude to the obvious advantages of this antiseptic over intra-uterine injections of carbolized water, etc. Those qualities of iodoform whereby it adheres to wounds, its insolubility, and its quality of slow vaporization whereby it continues to act for a long time render it most valuable, inasmuch as it renders unnecessary the frequent irritating disturbance of the parts, unavoidable in treatment by intra-uterine injections.

**THE TREATMENT OF COUGH IN PHthisis.** Dr. T. Henry Green (*Lancet*) says: In treating the cough in phthisis it is in the first place to be remembered that the complete expectoration of the phthisical sputum is all important, as its retention tends to cause infection of fresh portions of lung. Cough is therefore necessary, and, speaking generally, we may say that it should be interfered with by means of sedatives only with the object of procuring a sufficient amount of sleep, and cough sedatives are therefore admissible only during the night. I believe

the old practice, and one still perhaps too frequently indulged in, of giving sedative cough mixtures during the day, or of combining sedatives with the tonic medicine, is much to be deprecated, for such treatment tends not only to interfere with the stomach functions, but also, in many cases, injuriously to check the cough. The twofold cause of the cough must also be borne in mind, the irritation caused by the diseased lung and that caused by the pharynx and adjacent parts; for, as pointed out by Dr. Lauder Brunton, the removal of one of these sources of irritation is often sufficient to prevent the reflex act. This explains the well-known fact that mucilaginous substances combined with the sedative render it so much more efficacious. The mucilage not only lubricates and shields the pharyngeal mucous membrane, but insures the local influence of the sedative. Practically, then, we may say that in attempting to control the cough in early phthisis, we should endeavor to influence the pharynx rather than the lung or the reflex center. Some such combination as the following will in most cases answer this purpose: Solution of hydrochlorate of morphia, spirit of chloroform, and ipecacuanha wine, of each three minims; oxymel squill, or syrup of tolu, twenty minims; gum Arabic mucilage, twenty minims; water to one dram. This, which should be swallowed slowly, may be taken if necessary three or four times during the night; but it should if possible be avoided during the day. Some demulcent drink or lozenge containing marsh-mallow, liquorice, etc., without opium, will usually serve sufficiently to restrain the day cough. A sedative inhalation the last thing at night, such as conium and chloroform, or a little opium, is another valuable mode of checking cough and procuring sleep, but is more frequently called for in the later stages of the disease. Opium in medium doses, bromides, and other drugs which influence the respiratory center, are rarely necessary in early phthisis. The importance of promoting the early morning expectoration of the accumulated secretion by means of some warm drinks we have already alluded to. The treatment of cough by inhalations we shall again consider presently.

**ATROPINE AND ESERINE IN THE TREATMENT OF CONJUNCTIVAL AND OF CORNEAL ULCERATIONS.**—Dr. Archibald H. Jacob, in the *Medical Press and Circular*, says: Atropine has been in fashion for some years for

the treatment of almost all eye diseases, from the simplest scrofulous ulcer to the most destructive inflammations of the eyeball, the theory of its use in such cases being that it acted as a sedative to the ultimate nerve filaments, and thus was a remedy for photophobia, and that it relaxed the ciliary muscle, and thus relieved the eye of the ciliary spasm and posterior tension.

In the limited number of cases in which this latter purpose was aimed at, atropine is undoubtedly useful; in the minor affections, such as phlyctenular ulceration, it has, I believe, been proved to be of little value, and will shortly cease to be advocated by any one. Its physiological action, as we all know, is to dilate the pupil, and Dr. Harley explains this by presuming that it stimulates the sympathetic nerves which supply the radiating fibers of the iris. But the more usual view is that it paralyzes, in the case of the iris, the third nerve supplying the lenticular ganglion. We have no sufficient physiological warrant for placing confidence in its use in conjunctival and corneal diseases in which ciliary relaxation is not especially indicated. To these doubts as to the efficacy of atropine, Prof. Jaeger, of Vienna, gives the authority of his great name by the following recent pronouncement:

"Only when very violent inflammation of the cornea is present, is there any sense in the use of atropia. Atropia is used far too frequently. If a patient suffering from any eye affection comes to a physician, and he does not know what to prescribe, atropia, belladonna, and mercurial ointment are always at hand. Such physicians believe that they have in atropia, calomel, and mercurial ointment, medicines that are serviceable in all eye diseases, just as in former times every one resorted to bleeding in general diseases, gave purgatives, or otherwise acted according to rule of thumb."

With the change of fashion which periodically seizes upon ophthalmologists, eserine, the alkaloid of the calabar bean, is now the rage, and bids fair to take the rank heretofore occupied by atropine as the universal panacea. The physiological action of this drug, as has been shown by Frazier, is to destroy reflex action, and in this way it is supposed to paralyze the radiating fibers of the iris and allow the sphincter to produce contractions. A drop of a solution of two grains of eserine sulphate in an ounce of distilled water causes marked contraction of the pupil.

I believe, not only upon physiological grounds, but from experience, that eserine is far more worthy of confidence than atropine, and that it is an indispensable addition to ophthalmic therapeutics because of its faculty of suspending the reflex irritation from corneal ulcers and herniae iridis; but to speak of it, as some authors do, as the sovereign remedy of conjunctival, corneal, and iritic diseases, is calculated to make the writers ridiculous and to cause disappointment to the practitioner from its use.

**ANGINA PECTORIS IN WHICH THE ANGINOUS SYMPTOMS WERE RAPIDLY FOLLOWED BY PERICARDIAL EFFUSION.**—Dr. Donald Hood, before the Clinical Society of London, said: The history of the case was briefly as follows: A gentleman, aged sixty-five, resting on a sofa, apparently asleep, was suddenly roused by the window curtains being on fire. He quickly jumped up to extinguish the flames, and within half an hour of this exertion he was suddenly seized with severe heart cramp. Seen shortly after by Dr. Hood, he was noticed as being blanched, barely able to speak, heart irregular and fluttering, pulse of peculiarly low tension, with agonizing cramp-like pain over cardiac region. Hot stimulating applications, brandy, ether, and opium were used freely, and the patient slowly lost the pain, and a general improvement of the circulation took place. Twenty-four hours after the commencement of the attack a soft pericardial shuffle was noticed; within a few hours it had deepened into a distinct rub. From this time during the succeeding ten days the case assumed all the characters of one of pericardial effusion, the amount of fluid being but moderate, and apparently completely absorbed within the ten days. A fortnight later the patient was found to have a systolic apex murmur, and symptoms of incompetency of the mitral valve rapidly developed. The patient died four months later from syncope, and at the time of death was the subject of cardiac dropsy. No post-mortem could be obtained. Dr. Hood suggested, as a possible explanation of the primary attack with its subsequent train of symptoms, that the patient was the subject of some fibroid degeneration of the heart. Roused from sleep by the flames, his alarm and exertions caused a sudden distension of the heart cavities, which possibly gave rise to some lesion of the visceral layer of pericardium and so started the pericarditis. In support of this hypothesis Dr. Hood called

attention to the series of cases of fibroid disease of the heart, collected and published by the late Dr. Fagge, in the twenty-fifth volume of the Transactions of the Pathological Society, and stated that in more than half of these cases the patients were found to have been the subjects of pericarditis. He further suggested that fibroid degeneration of the heart should be looked upon as a possible factor in those cases of pericardial effusion in which it was difficult to explain the cause of the pericarditis.

Dr. De Havilland Hall narrated the history of a patient who, soon after quarrelling with his son, was seized with pain in the precordium, and when seen by Dr. Hall the spasm was of a severe character, accompanied with frequent and feeble pulse; there was no murmur audible, and the temperature was not raised. The case clearly looked like angina, and Dr. Hall prescribed diffusible stimulants, with a subcutaneous injection of morphia. Two days later the patient was visited again, when it was asserted that, though better on the intervening day, pain was still experienced. At this time friction sounds were heard over the heart, and death occurred five days afterward. Dr. Hall considered that this case was plainly one of angina succeeded by pericarditis forty-eight hours after the attack. *Medical Press.*

**TREATMENT OF DIPHTHERIA WITH CYANIDE OF MERCURY.**—(*Jahrb. f. Kindhlike.*) Selden made use of a solution of one centigram of the cyanuret of mercury in one hundred grams of water, and gave it hourly, in two teaspoonful doses, day and night. At first he employed a solution ten times as strong, but its bad effects upon the mouth, etc., compelled the reduction. In cases in which children were old enough to gargle, he allowed them to do so every half hour or hour with this solution. In 1881 he treated five cases of diphtheria with this preparation, and four of them recovered; in 1882 he treated thirty-two cases, only two of which died. Among those who recovered there were very few paralytic *sequela*. In addition to the diphtheria (all of the cases being well authenticated) he treated two hundred cases of angina of the tonsils and fauces with the same solution, and always with good results. It was with him a conviction that a simple angina might develop into diphtheria, and cases came under his observation which had many of the early

symptoms of diphtheria, and was by him considered an abortive form of that disease. These were all treated with the mercury solution upon the supposition that diphtheria might develop. As a means of prophylaxis for persons who were exposed to the contagion of this disease, he was in the habit of giving daily a few teaspoonfuls of this solution to take inwardly, and recommended an occasional gargling beside. As adjuvants to this treatment he employed ice internally and externally, when it could be borne, and free stimulation. The latter procedure he considers very necessary in view of the danger of heart failure.—*Archives of Pediatrics*,

**OCULAR TROUBLES DURING PREGNANCY AND CONFINEMENT.**—Métxas (*"Recueil d'Ophthalmologie,"* October, 1883) divides his subject, as Power did, into four classes, viz: (1) Affections of the eye due to anemia and general weakness, such as corneal ulcers, accommodative asthenopia, and cataract. (2) Affections of the eye caused by a special lesion of the nervous system, such as diseases of the retina and optic disk, optic nerve, chiasm, and central ganglia. (3) Retinitis albuminurica, hemorrhages, and exudation into the retina. (4) Ocular diseases from causes still unknown. Ulcers of the cornea are very apt to occur during lactation. Iritis has frequently been met with during pregnancy and after confinement, and so have accommodative asthenopia and cataract. Métxas adopts Pasteur's theory that puerperal fever is due to the presence of minute organisms or microbes, the germs of which, floating in the air and cultivated in the fluids which bathe the genital organs of the parturient woman, are introduced into the circulation and give rise to septic troubles, and among them to panophthalmitis and iridochoroiditis. These organisms do not develop so long as the blood is in motion, but only when the micrococci meet with an obstructed vessel in their course.—*Charles Stedman Bull, M.D., in New York Medical Journal.*

**THE HEMATOZOA OF MAN.**—They are of various kinds, flukes, nematodes, and probably even proscollices of tapeworms. As regards the fluke named by me Bilharzia, in honor of its discoverer, its rôle in the production of hematuria is sufficiently well established. Within the last few years I have examined eight gentlemen who contracted the Bilharzia helminthiasis in Africa; and so common is the disease in Egypt that

it is said at least one third of the natives are hematurics. Dr. Sonsino has seen about three hundred cases, and Dr. Mackie probably twice that number. As a matter of comparative pathology, it is interesting to observe that whilst Bilharz and myself first found this fluke in man and monkey respectively, Dr. Sonsino has recently discovered another species of Bilharzia in cattle and sheep.—*T. Spencer Cobbold, M.D., in the Lancet.*

CHLOROFORM.—Dr. K. H. Patterson, in Medical Press and Circular, asks the following questions:

1. How far may the operating surgeon apply with impunity, previous to and during an operation upon a patient, chloroform, and how much by measure may he apply?
2. In what surgical cases and in what circumstances may the operating surgeon, through his assistant, take the responsibility on himself when having as soon as possible to perform an operation?
3. Is chloroform always necessary or justifiable in surgical cases, or in what cases?
4. Can the operating surgeon be brought into trouble on account of an operation performed by him, and expenses afterward, for not applying chloroform?
5. In reference to occasional unpleasant, or regretted "expressions" of patients (or in certain illnesses of), while any of these who are under the influence of chloroform, can no mode or remedy be found to lessen or prevent their occurrence?

PLACENTA PREVIA.—After giving a careful analysis of fifteen cases of placenta previa, Dr. James Murphy (British Medical Journal) says: In all cases of placenta previa after the seventh month, labor should be induced, and previously to that, if the flooding be frequent or severe; labor should be induced by dilatation of the os, the placenta separated sufficiently to permit flaccidity, and the dilatation proceeded with to the full extent. If not contra-indicated, ergot should then be given, and the child removed by the most rapid and gentle method. Such are the remarks I have to present on the treatment of placenta previa; and, while they contain nothing particularly novel or original, and fifteen cases are too few to dogmatize on, still they are sufficient to fairly test a method which I have hitherto found successful, and I trust I have stated the line

of treatment clearly and distinctly, so as to leave no room for hesitation for those who will follow it when called upon to act.

SORE THROAT IN CHILDREN.—"It is an interesting question," Dr. Ashby observes, "that does not admit of a certain answer: In what relation does epidemic tonsillitis stand to scarlet fever, or diphtheritic sore throat to diphtheria; are the poisons alike and yet essentially different, holding a relationship like that of varicella to variola, rötheln to measles, summer diarrhea to Asiatic cholera? Are these sore throats in reality the result of infection with attenuated scarlatinal or diphtherial poison? The remarkable results obtained by Pasteur in the cultivation of the organisms concerned in chicken-cholera and splenic fever are extremely suggestive, and may help to explain how at one time, or in one district, cases are extremely severe, and at another time or place the only effect produced consists in a series of feverish sore throats. Do such attacks of sore throat protect from scarlet fever? Long-continued and collective investigation alone can afford an answer."—*New York Medical Journal.*

DIABETIC PARALYSIS OF THE ABDUCENS. Gutmann ("Centralblatt für prakt. Augenheilkunde," October, 1883) reports a case occurring in the person of a physician, aged fifty-three, who was suffering from general muscular weakness, and who thought he had tabes. He began to see double in May, 1883, while playing a game of chess. Hirschberg found paralysis of the right abducens, normal vision and accommodation, and normal pupillary reaction. There was a large amount of sugar in the urine. On May 16th the abducens paralysis was complete, and secondary convergence had appeared. After a sojourn of two months in Carlsbad, the diplopia had almost entirely disappeared, there was no convergence, and the sugar had entirely disappeared from the urine.—*Charles Stedman Bull, M.D., in the New York Medical Journal.*

MONCORVO: DILATATION OF THE STOMACH IN CHILDREN.—Nine cases of this affection are reported by the author between the ages of two and thirteen years. The cases were all well authenticated, careful physical examination having been made. The condition was associated in all cases with a chronic gastritis, which was due to improper alimentation. Most of them presented a

history of hereditary syphilis, and in one there was a precedent history of pulmonary tuberculosis. The treatment varied between phosphate of lime, bicarbonate of soda, bitter tincture of Baumé, and faradization applied to the epigastric region. The latter means is reported to have produced excellent results. In two cases resort was had to washing out the stomach, with satisfactory results.—*Rev. mens. des. Mal. de l'E.*, Nov. 1883; *Archives of Pediatrics*.

**IODOFORM.**—Dr. James Stewart writes, in Canada Medical and Surgical Journal, as follows:

*External action*: When iodoform is rubbed on the skin, it is readily absorbed into the blood. It does not give rise to any inflammation or irritation of the skin. Even when dusted over a sensitive wound, it seldom gives rise to any irritation. If too freely dusted on a wound, it may be absorbed in such quantities as to produce death.

*Action when taken internally*: In medium doses it seldom proves irritating to the stomach and intestines. As far as is known, it has no action on either the liver or pancreas. When absorbed into the blood it has the power of destroying the amoeboid movements of the white cells, and of preventing their emigration into the tissues of an inflamed part. It is considered to have the power of increasing the number of red cells, but its blood-restoring qualities are so inferior to iron, arsenic, and phosphorus, that there is no field for its use as a hematinic.

*Action on the circulation*: Iodoform has a very similar action to chloroform on the heart, but more powerful. Ringer has shown that one fifth of a grain is sufficient to arrest the ventricle of a frog's heart, while it takes two minims of chloroform to bring about a like result. When absorbed in large quantities in man, it produces weakness, with great increase in the frequency of the pulse. Iodoform has no special action on the respiration.

*Temperature*: From the use of ordinary doses the temperature is slightly increased, but when absorbed in toxic quantities, this increase is very marked.

*Nervous System*: In ordinary medicinal doses, with the exception of causing headache, there is no perceptible action from its use. In man, its anesthetic properties are not noticeable. In cats and dogs, however, even in doses short of producing intoxica-

tion, it readily induces sleep. Its action in toxic doses on the nervous system will be considered under the head of untoward effects.

*On the kidneys*: When it is used for some time it occasionally gives rise to a transient albuminuria.

**SUCCESSFUL ABDOMINAL SURGERY.**—Dr. Robert Battey, of Rome, Georgia, reports to the Virginia Medical Monthly eighteen consecutive cases of ovariotomy performed by him, all successfully. He employed a modified antiseptic treatment. He insists on having the patient under his immediate charge subsequent to the operation, and concludes as follows: "The friends of a patient are by no means the best nurses for an ovariotomy case. Whilst in England I was assured that no operator who had any character to lose would venture to stake it upon an operation to be done under such disadvantages. They all require their cases to come to them, and put them into the hands of their trained nurses."

#### ARMY MEDICAL INTELLIGENCE.

**OFFICIAL LIST** of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 10, 1884, to February 16, 1884.

*Perin, Glover*, Lieutenant-Colonel and Surgeon, Medical Director, is granted one month's leave of absence, with permission to apply at Division Headquarters, Missouri, for an extension of one month. (S.O. 16, Dept. of Dakota, February 9, 1884.) To be Assistant Surgeons, with the rank of First Lieutenant, to date December 3, 1883: *William D. Dietz, Walter W. R. Fisher, William Stephenson, Adrian S. Palheimer, John L. Phillips, Reuben L. Robertson, William C. Borden, Edgar A. Mearns, Guy L. Edie, William D. Crosby, William L. Kneadler, Charles M. Gaudy, Charles S. Black, James E. Pilcher, Alonzo A. Chapin*. (S.O. A.G.O., Washington, February 11, 1884.) *Brewster, Wm. B.*, First Lieutenant and Assistant Surgeon, resignation accepted, to date February 7, 1884. (S.O. A.G.O., Washington, February 11, 1884.) *Wilson, Geo. F.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Walla Walla, W. T. (S.O. 14, Dept. of the Columbia, February 5, 1884.)

**OFFICIAL LIST** of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 17, 1884, to February 23, 1884.

*Patski, Julius H.*, Captain and Assistant Surgeon, leave of absence extended one year, on surgeon's certificate of disability, with permission to go beyond sea. (S.O. 43, par. 9, A.G.O., February 20, 1884.) *Maddox, T. J. C.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Meyer's Springs, Texas. (Per Post Orders, No. 27, par. 1, Fort Clark, Texas, February 13, 1884.)